

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/25/2012  
FORM APPROVED  
OMB NO. 0938-0391

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|---|---|--|---------------------|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>15G040 |                     | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING   |  | X3) DATE SURVEY<br>COMPLETED<br>06/26/2012 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>ARC OF NORTHWEST INDIANA INC, THE |   |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>300 W 53RD AVE<br>GARY, IN 46410  |  |  |  |
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| W0000   | <p>This visit was a post certification revisit to the investigation of complaint #IN00106372 completed on April 24, 2012.</p> <p>This visit was conducted in conjunction with the investigation of complaint #IN00109713.</p> <p>COMPLAINT #IN00106372: NOT CORRECTED.</p> <p>Dates of Survey: June 25 and 26, 2012.</p> <p>Facility number: 000597<br/>Provider number: 15G040<br/>AIM number: 100233420</p> <p>Surveyor: Susan Reichert, Medical Surveyor III-Team Leader</p> <p>The following federal deficiency also reflects a state finding in accordance with 460 IAC 9.</p> <p>Quality review completed on June 28, 2012 by Dotty Walton, Medical Surveyor III.</p> |  | W0000               |  |  |  |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| W0331   | <p>483.460(c)<br/>NURSING SERVICES<br/>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based upon interview, observation and record review, for 1 of 3 sampled clients (client A), the facility failed to provide nursing services to timely address a wound on her finger, failed to develop and implement a system to monitor bowel movements, and failed to develop an action plan to address constipation.</p> <p>Findings include:</p> <p>Observations were completed in the group home were completed on 6/25/12 from 4:45 PM until 6:45 PM. Client A had a swollen and red 4th finger on her right hand.</p> <p>The Director of Behavioral Health (DBH) was interviewed on 6/25/12 at 5:31 PM. He indicated client A had a hang nail that was being treated.</p> <p>Daily logs kept in the group home were reviewed on 6/25/12 at 5:45 PM. A log dated 6/12/12 indicated client A's sister called at 6:00 PM and indicated client A's finger is bleeding "which it wasn't," and client A's sister said we needed to put a Band-Aid on it "NOW!"</p> |  | W0331               | <p>Community Services Nurses was trained on June 1st, 2012 on the mandatory necessity to physically assess a client. If reported that the client is having non life threatening symptoms, change of condition or complaints that are continuing for more than 24 hours. If it's impossible for the Nurse to assess the client in a timely manner, the client must be taken to the doctor or hospital for further medical evaluation.</p> <p>To ensure future compliance, the Director of Health Services has implemented a log book that the Nurse will take home with them every evening, and record all calls regarding these types of situations. The book will be reviewed by the Director of Health Services (RN) daily to monitor for appropriate response. All phone calls that the nurse receives will be discussed at our daily morning meeting, to assure that appropriate and prompt response was rendered.</p> |  | 07/19/2012                                 |  |

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|   | <p>Client A was interviewed on 6/25/12 at 5:25 PM. When asked about her reddened finger, she indicated she had hit it against the wall.</p> <p>Client A's MAR (medication administration record) was reviewed on 6/25/12 at 6:15 PM. Client A's MAR indicated beginning on 6/13/12 she received treatment of Clobetasol (steroid) 0.05 % Ointment-apply every night at bedtime to finger growth and cover with a band-aid or when needed. There was no evidence of a bowel movement tracking system in the MAR for client A.</p> <p>Client A's records were reviewed on 6/26/12 beginning at 10:56 AM. A cumulative medical record indicated client A was seen by a dermatologist on 6/6/12 and prescribed the Clobetasol treatment at night to treat client A's 4th distal finger; "pt (patient) states, getting bigger, hurts when bumped." A Medication Change form dated 6/8/12 indicated Clobetasol 0.05% Ointment-apply every night at bedtime to finger growth and cover with a band-aid. The form indicated "pick this medication up from main TODAY, write the new order on the MAR, call with any questions." A health risk plan dated 9/23/09 indicated client A was at risk for constipation and/or bowel obstruction</p> |  |  |   |                            |  |  |

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|   | <p>related to medication for arthritis. The plan indicated if constipation is noted after 3 days, or as ordered, notify the nurse. There was no evidence of a tracking system to monitor client A's bowel movements in the record, and no evidence of what action the nurse was to take if client A was constipated after 3 days.</p> <p>The Director of Nursing was interviewed on 6/26/12 at 11:45 AM and indicated there was no evidence in client A's risk plan to indicate what action the nurse would take if client A became constipated.</p> <p>The group home nurse was interviewed on 6/26/12 at 2:20 PM. She indicated client A picked at the skin and had irritated the skin at a team meeting on 6/11/12. She indicated there was not a tracking system in place to monitor client A's bowel movements.</p> <p>The group home nurse was interviewed again on 6/26/12 at 2:30 PM. She indicated client A's Clobetasol ointment had come in on 6/8/12 and stated, "Why they didn't start it until the 13th, I don't know," and "It should have started a lot sooner than that."</p> <p>This federal tag relates to complaint</p> |  |  |   |                            |  |  |

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|   | #IN00106372.<br><br>This deficiency was cited on April 24,<br>2012. The facility failed to implement a<br>systemic plan of correction to prevent<br>recurrence.<br><br>9-3-6(a) |  |                     |  |  |  |  |